

HOW TO OBTAIN A HAWKER AND PEDDLER LICENSE AND AN ICE CREAM VENDOR PERMIT WITH THE CITY OF CHICOPEE

INSTRUCTIONS FOR HAWKERS AND PEDDLER/ICE CREAM VENDORS

Clerk's Office/Police Department

1. Obtain application paperwork for a Hawker and Peddler License and an Ice Cream Vendor Permit application from the City Clerk's Office, Police Department or the License Commission.
2. Obtain photos as required by Police Department (requirement is two photos size 1½ x 2). All completed paperwork and photos are returned to the City Clerk's Office. Once approved by the City Clerk's Office the application will be placed on the next City Council agenda. You will be notified by mail when you are required to appear for your public hearing. A non-refundable application fee of \$35.00 is required at the time of application.
3. If the license is approved, you will be notified by phone (by the City Clerk's Office) when you may pick up the Hawker and Peddler License. You will be given back the Ice Cream Vendor Permit application and your photos to take to the Police Department to get the Ice Cream Vendor Permit from the Police Department.

Police Department: Take the Hawkers and Peddlers License and the completed Ice Cream Vendor Permit Application along with your photo to the Police Department between the hours of 9:00am and 3:00pm.

ONCE STEPS 1-4 HAVE BEEN COMPLETED, PROCEED TO THE LICENSE COMMISSION AND THE HEALTH DEPARTMENT FOR THEIR PERMITS/LICENSE

License Commission: You will need a Mobile Common Victualer Application
This application must be completed and submitted along with a picture of your vehicle to the License Commission.

Health Department: You will need a Food Service Establishment Application.
Application must be completed and submitted to the Health Department. Along with copies of all your approved licenses and permits. Please call and schedule an appointment to have your vehicle inspected.

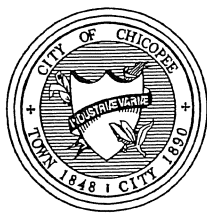
If you should have any questions regarding this process, please feel free to contact these departments.

City Clerk
17 Springfield Street
Chicopee, MA 01013
P) 413-594-1466

Chicopee Board of Health
Rear Public Safety Complex
15 Court Street
Chicopee, MA 01020
P) 413-594-1660

Chicopee License Commission
274 Front Street
Chicopee, MA 01013
P) 413-594-1530

Chicopee Police Department
Public Safety Complex
110 Church Street
Chicopee, MA 01020
P) 413-594-1721



New or Renewal

CITY OF CHICOPEE

MASSACHUSETTS



ALL FEES ARE NON-REFUNDABLE

Date of Petition:.....

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for

A HAWKERS AND PEDDLERS LICENSE TO SELL: ICE CREAM
AT:

APPLIED FOR BY:

Phone Numbers:

Name and address of Petitioner:

Business:.....

Home:.....

Signed.....

Date of Meeting:..... On the motion of Councilor.....

Affidavit ☐

Tax Verification Form ☐

Workmen's Compensation Certificate ☐

Amount Paid:\$.....

Clerks Initial:

CITY OF CHICOPEE
 Permit issued by:
Chicopee Police Department
 110 Church Street
 Chicopee, MA 01020
 Phone: (413) 594-1721
 Fax: (413) 594-1725

POLICE DEPT. USE ONLY	
Permit Number: _____	
Date Issued: _____	
Expiration Date: January 1, _____	

***** PERMITTING AUTHORITY USE *****

It is the responsibility of the permitting authority to ensure that the identity of the new/renewal applicant is true and accurate and in the case of a renewal, that the applicant is linked to the original tracking number. The permitting authority shall only issue permits after conducting a criminal background investigation into the criminal history of an applicant to determine eligibility for a new permit or a renewal. All applications must be accompanied by a copy of an applicant's fingerprints and two current photographs.

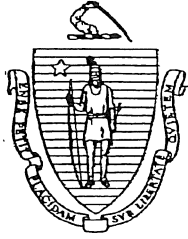
PERMIT TO ENGAGE IN ICE CREAM TRUCK VENDING
Pursuant to G.L. c. 270 §25 and 520 CMR 15.00 et seq. (as amended)
THIS APPLICATION MUST BE FULLY COMPLETED

Name of Applicant:			Phone:	Cell:
Street Address:			Email address:	
City/Town:	MA	ZIP:	Date of Birth:	
			Social Security Number:	
Please Check One: <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL. MOST RECENT ICE CREAM TRUCK VENDING PERMIT NUMBER: _____ ISSUED FROM WHICH CITY/TOWN? _____, MA EXPIRATION DATE: January 1, _____				
PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. 1. Have you ever used or been known by another name? If Yes, provide name and explanation: 2. Are you a sex offender, as defined by Section 178(c) of Chapter 6 of the General Laws? 3. Are there currently any sex offense charges pending against you? (All sex offenses are identified in Section 178(c) of Chapter 6 of the General Laws) 4. If you answered yes to Questions 2 or 3, please provide explanation:				
PLEASE ATTACH TWO COPIES OF A CURRENT, 1 ½ " X 2", COLOR PHOTOGRAPH TO THIS APPLICATION. A COPY OF THE APPLICANT'S FINGERPRINTS IS ALSO REQUIRED. UPON RECEIPT OF THIS APPLICATION, THE CHICOPEE POLICE DEPARTMENT SHALL CONDUCT AN INVESTIGATION INTO THE CRIMINAL HISTORY OF THE APPLICANT TO DETERMINE ELIGIBILITY.				
SIGNATURE:			DATE:	

For Chicopee Police Dept. Use -- Do not write in this section	
PERMIT APPROVED BY: (PERMITTING AUTHORITY)	
DATE:	

This permit shall be conspicuously displayed and clearly visible on the windshield of any ice cream truck operated or from which ice cream or any other prepackaged food product is sold.

For additional information please visit the Department of Public Safety's website at www.mass.gov/dps



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

TAX AFFIDAVIT

I certify under the penalties of perjury that I have complied with all the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees, contractors and remitting of child support.

*Signature of Individual
Or Corporate Name (Mandatory)

*By Corporation Officer
(Mandatory, if applicable)

**Social Security Number
Federal Identification Number

Business Number

*This license will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **WILL BE SUBJECT TO LICENSE SUSPENSION OR REVOCATION. This request is made under the authority of the M.G.L. c. 62C §49A.

CITY ORDINANCE

No license or permit granted under this chapter shall be issued to any license holder or prospective license holder who is in default on the payment of taxes, license fees or other monies due the City concerning the licensed property or premises.

City of Chicopee-City Clerk's

REQUEST TO TREASURER'S/COLLECTOR'S OFFICE FOR VERIFICATION OF PAYMENT OF TAXES.

Business Name:

Name of Individual:

Business Address:

Type of Licenses:

TREASURER'S OFFICE ENTRY ONLY

Remarks: _____

Reported
By: _____ Date: _____

COLLECTOR'S OFFICE ENTRY ONLY

Remarks: _____

Reported
By: _____ Date: _____

REQUEST MADE BY CITY COUNCIL



The Official Website of the Executive Office of Public Safety and Security

Public Safety

[Home](#) [Public Safety Agencies](#) [Massachusetts Department of Public Safety](#) [Ice Cream Truck Vendor Regulations FAQs](#)

Ice Cream Truck Vendor Regulations FAQs

Q: What am I required to do under the Ice Cream Truck vendor regulation?

A: If you engage in Ice Cream truck vending or operation, this regulation requires that you obtain a permit from the Permitting Authority within the municipality where you live or plans to operate the Ice Cream Truck.

Q: How do I know if the Ice Cream Truck regulation applies to me?

A: Every person who intends to engage in Ice Cream Truck vending must obtain a valid permit issued by the Permitting Authority. Ice Cream Truck vending is defined as the selling, displaying or offering to sell ice cream or any other prepackaged food product from an ice cream truck.

Q: I operate a food truck that does not serve ice cream products. Will I be required to obtain a permit?

A: No. The regulation provides that every person who intends to engage in ice cream truck vending must obtain a permit and defines an ice cream truck as any motor vehicle used for selling, displaying, or offering to sell ice cream. If your truck does not carry ice cream products, then you will not be required to obtain a permit.

Q: My service areas include a number of municipalities. Will I be required to apply for permits from each city or town in which I operate?

A: There are two ways to obtain a permit: either by applying to the municipality where the applicant lives or by applying to the municipality where the applicant plans to operate the Ice Cream Truck. An applicant who obtains a permit in the municipality where he or she lives may operate without restriction in any other municipality. However, an applicant who obtains a permit in a particular municipality where he or she intends to operate is restricted to operating in that municipality.

Q: Where do I obtain a permit application?

A: Applicants may obtain a Department-approved permit application from their local Permitting Authority.

Q: I have a question about the application process. Who should I contact?

A: Permitting and enforcement will all be done by the local Permitting Authority and not the Department of Public Safety. Please direct all inquiries to your local Permitting Authority.

Q: What is a Permitting Authority?

A: The Permitting Authority is the chief of police or the board or officer having control of the police in a city or town. The Permitting Authority may also be a person authorized by the chief of police, the board or officer.

Q: Why is a criminal background check required?

A: The criminal background check is required by statute. M.G.L. c. 270 § 25 directs the Department to draft regulations which include a requirement that a Permitting Authority conduct an investigation into the criminal history of a permit applicant to determine his or her eligibility.

Q: Am I required to pay for the criminal background check?

A: The Permitting Authority of the municipality where the applicant applies will determine whether to require a fee for conducting the requisite criminal background check.

Q: I have a criminal record. Will this prohibit me from obtaining a permit?

A: Based on the results of the investigation into the applicant's criminal history, the Permitting Authority will determine the applicant's eligibility. However, in no case will a permit be issued to a person who is a sex offender as defined by M.G.L. c. 6 § 178C.

Q: Will the information contained in my criminal record become public record?

A: No, the information contained in an applicant's criminal record will be used solely for the purpose of determining the applicant's eligibility for a permit.

Q: I own an Ice Cream Truck vending business and employ Ice Cream Truck operators. Is each individual required to obtain a permit?

A: Yes, every person who intends to engage in ice cream truck vending is required to obtain a permit.

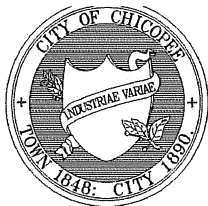
Q: Do I have to have my permit with me at all times?

A: Yes, a validly issued permit must be conspicuously displayed and clearly visible on the windshield of the Ice Cream Truck.

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[Contact Us](#) [Site Policies](#)



City of Chicopee, Massachusetts

License Commission

City Hall - 274 Front Street - Chicopee, MA 01013

Tel: (413) 594-1530 Fax: (413) 594-1531

COMMON VICTUALER APPLICATION FOR MOBILE VENDORS

\$45.00 FEE

To the Board of License Commissioners for the City of Chicopee

The undersigned respectfully petition your Honorable Board for a license to be exercised on the premises described as follows and subject to the provisions of Chapter 140 of the Massachusetts General laws.

BUSINESS NAME OR INDIVIDUAL NAME: _____

D/B/A: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE: _____ MANAGER: _____

HOURS OF OPERATION: _____

OWNER OF BUSINESS: _____

OWNER'S ADDRESS: _____

OWNER'S TELEPHONE: _____

SOCIAL SECURTY OR
FEDERAL IDENTIFICATION NUMBER: _____

HAWKERS AND PEDDLERS LICENSE NUMBER: _____

HEALTH DEPT PERMIT NUMBER: _____

TYPE OF VEHICLE: PULL ALONG CART: _____ SELF CONTAINED UNIT: _____

PLEASE LIST ALL EMPLOYEES WHO WILL BE MANNING YOUR UNIT:

PLEASE PROVIDE A PHOTOGRAPH OF YOUR UNIT.

PLEASE BE ADVISED THAT YOUR NAME AND PHONE NUMBER MUST APPEAR ON YOUR UNIT.

PLEASE RETURN THIS APPLICATION TO THE ABOVE LISTED ADDRESS. THANK YOU

RENEWAL APPLICATIONS NOT POST MARKED BY NOVEMBER 30TH WILL BE SUBJECT TO A \$100.00 LATE FEE.

ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITH OUT A LICESNE AND ORDERED TO CLOSE UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all taxes required by law.

I hereby certify under the pains and penalties of perjury, that I have secured all local, federal and state licenses and, permits required by law.

SIGNATURE OF OWNER OR MANAGER: _____ DATE: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office

6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

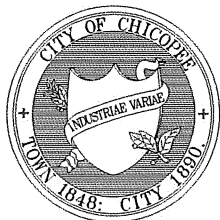
Date Received: _____

Amount Paid/Check# _____

Permit# _____

Tobacco# _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT**

2015

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Establishment _____ Date _____

Business Address _____ Phone# _____

Mailing Address (If Different) _____

Email _____ Fax# _____

Owner, Corporation, or Partnership Information

Name _____ Title _____ Address _____ Phone# _____

CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.

Name of Certified Food Manager(s) _____ Expiration Date _____

Name of Food Allergen Awareness Certificate Holder(s) _____ Expiration Date _____

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.

105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.

FEE SCHEDULE

FOOD SERVICE/RETAIL FOOD \$ _____ (Refer to Permit Fee Table)

MOBILE \$ 100

CATERER \$ 100

TOBACCO SALES \$ 100 MACHINE: _____ OVER THE COUNTER: _____ (CHECK ONE)

TOTAL OF ALL FEES FROM ABOVE: \$ _____

PERMIT FEE TABLE

ANNUAL GROSS SALES		PERMIT FEE
LESS THAN	\$200,000	\$150
\$200,000 --	\$800,000	\$200
GREATER THAN	\$800,000	\$250

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RETURNED WITH ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS AND FORMS WILL BE RETURNED.

RENEWAL APPLICATIONS NOT POST MARKED BY DECEMBER 1ST WILL BE SUBJECT TO A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL ALL OF THE PROPER PAPERWORK IS SUBMITTED.

COPIES OF MASSACHUSETTS DEPARTMENT OF REVENUE CIGARETTE EXCISE TAX LICENSES MUST ALSO BE PROVIDED FOR THOSE ESTABLISHMENTS APPLYING FOR A TOBACCO SALES PERMIT.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SOCIAL SECURITY OR FEDERAL ID NUMBER _____

SIGNATURE OF APPLICANT _____

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS